

SELF ASSESSMENT CHECKLIST FOR FREE DIAGNOSTIC SERVICES INITIATIVE (FACILITY-WISE)

Name of State:

Name of Facility in-charge:

Name of District:

Mobile number:

Name & Type of Facility

Email Id:

(SC/PHC/CHC/DH):

SR. NO	QUESTIONS	RESPONSE		REMARK
INFRASTRUCTURE				
1	Availability of separate sample collection area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Availability of waiting area at sample collection facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Availability of seating arrangements for end-users	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	Availability of power back up in the laboratory	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Space adequacy as per load, maintenance of cleanliness & hygiene to prevent cross-contamination & infection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6	Laboratory accessibility to Emergency, Critical care service area, IPD & OPD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7	Proper zoning of clearly marked areas of restricted access	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8	List of available diagnostic services displayed at the facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9	Provision of Fire safety system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10	Provision of Exit points	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11	Availability of toilets (separate for Male & Female)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12	Availability of running water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13	Availability of drinking water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14	Display of FDSI IEC material for awareness of the beneficiaries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15	Availability of Grievance cell for public redressal mechanism	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

16	Availability of complain box	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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HUMAN RESOURCES

17	Availability of: i. Pathologist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18	ii. Microbiologist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
19	iii. Biochemists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
20	iv. Radiologist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
21	v. Radiographer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
22	vi. Lab Technicians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
23	vii. Laboratory Assistants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
24	viii. No. of Phlebotomist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
25	Frequency of Training	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Annually <input type="checkbox"/>

EQUIPMENT

26	Awareness of the Biomedical equipment maintenance and management program (BEMMP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
27	Lab Equipment Maintenance Mechanism	CMC/ AMC with OEM <input type="checkbox"/>	CMC/ AMC with other agency/PPP <input type="checkbox"/>	In-House <input type="checkbox"/>
28	Name of Service provider (in case of PPP)			
29	Contract valid till (In case of PPP)	Specify date:		
30	Tagging of Diagnostic equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
31	Complain management system-Toll free number provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
32	Last date of Calibration done for all Lab equipment	Specify date:		Specify Periodicity:
33	Last date of Preventive maintenance done for all Lab Equipment	Specify date:		Specify Periodicity:

34	Last date of Calibration done for all Radiology equipment	Specify date:		Specify Periodicity:	
35	Last date of Preventive maintenance done for all Radiology Equipment	Specify date:		Specify Periodicity:	
36	Number of Non-functional equipment since last 3 months	Specify number:			
37	Average Equipment Downtime (Numerator-Total equipment dysfunctional more than 7 days/ Denominator- Total no. of equipment held)	<div style="border: 1px solid black; display: inline-block; padding: 5px 20px;"> </div> %			
38	Availability of Biomedical Engineer	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
SAMPLE COLLECTION, STORAGE & TRANSPORTATION					
39	Availability of 24 x 7 Sample collection facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
40	Timing for collection of samples and reports displayed in the facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
41	Availability of a barcoding system for sample collection, reporting, and dissemination	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
42	Availability of Refrigerator for sample storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
43	Transportation of samples to the hub lab arranged by the facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
44	If Yes, Transportation been done on the same day	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
45	Frequency of sample transportation to hub lab in a day				
46	Model for sample transportation	Inhouse <input type="checkbox"/>	PPP <input type="checkbox"/>	Logistic partner <input type="checkbox"/>	Others <input type="checkbox"/>
47	Any incentives applicable for In-house sample transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify:	
48	Sample packaging- Awareness	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
49	Mode of transportation (Runners/Bus/ Postal Services/ Drone etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
50	Availability of Cold boxes for sample transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
51	Avg. no. of samples transported per day	Specify number:			
SERVICE DELIVERY (LABORATORY)					
52	Diagnostic services	FOC <input type="checkbox"/>	Paid <input type="checkbox"/>		

53	Mode of Laboratory service provided in the facility? (In-house, PPP, Hybrid [Inhouse +PPP])	Inhouse <input type="checkbox"/>	PPP <input type="checkbox"/>	Hybrid (Inhouse+P PP) <input type="checkbox"/>	
54	Name of Service provider for FDSI-Lab (In case of PPP)	<input type="text"/>			
55	Contract valid till (In case of PPP) in years	Specify date:			
56	Lab operational in shifts for 24 x 7 service delivery	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
57	Total number of tests available at the facility (As per FDSI guidelines)	Specify number:			
58	No. of tests conducted In-house	Specify number:			
59	No. of tests conducted by PPP service provider	Specify number:			
60	Is the facility serving as a Hub or Spoke	<input type="text"/>			
61	If Hub, number of spokes catered by facility	Specify number:			
62	Any amount paid for testing at the facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
63	Any exemption granted for patients (APL, BPL, Pregnant Women)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

SERVICE-DELIVERY (RADIOLOGY)

64	<p>Model of Tele-radiology services (X-ray)</p> <p>(Model-I)- Installation, Operation, maintenance, CR system, HR, Reporting done by PPP service provider.</p> <p>(Model-II)- Operation, maintenance, HR is provided by State health society and provision of CR system, reporting services are provided by PPP service provider.</p> <p>(Model-III)- Operation, maintenance is done by State health society and CR system, HR, Reporting done by PPP service provider.</p>	Model-I <input type="checkbox"/>	Model-II <input type="checkbox"/>	Model-III <input type="checkbox"/>	
65	Name of Service provider for Tele-reporting (In case of PPP)	<input type="text"/>			
66	Contract valid till for Tele-reporting (In case of PPP) in Years	Specify date:			
67	Cost per Tele-reporting of X-Ray (in case of PPP)	<input type="text"/>			

68	Cost per Tele-reporting of CT-Scan (in case of PPP)	<input type="text"/>			
69	Cost per Tele-reporting of MRI (in case of PPP)	<input type="text"/>			
TURN-AROUND TIME (Sample taking to sample generation)					
70	TAT for routine lab tests	<input type="text"/>			
71	TAT for tests outsourced/transported	<input type="text"/>			
72	TAT for Radiology reports	<input type="text"/>			
73	Sharing of reports with doctors/patients	Printed <input type="checkbox"/>	Electronic/SMS <input type="checkbox"/>	Both <input type="checkbox"/>	
74	Alert for critical report sent to doctor/patient		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
75	Report collection day, time and place communicated to patient clearly		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SUPPLY CHAIN					
76	Procurement		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
77	Mode of Indenting (Manual, Online, Both)	Manual <input type="checkbox"/>	Online <input type="checkbox"/>	Both <input type="checkbox"/>	
78	Lead time (from indenting to supply)	Specify time-			
79	Indenting periodicity	Daily <input type="checkbox"/>	Monthly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	
80	Avg. no. of days stockouts at the facility	Specify days:			
RECORD & IT INTEGRATION					
81	Integration with LIMS / Dashboard/ IT system?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
82	Availability of following register: -				
	i. Daily patient registration register		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	ii. Report register		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	iii. Stock & Indent register		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	iv. Critical value reporting register		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	v. Equipment Maintenance register		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	vi. Turn-around time register		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
QUALITY CONTROL					
82	Internal quality assurance (IQAS) in place		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

84	External quality scheme Implemented (EQAS)	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
85	EQAS Referral lab affiliation	CMC Vellore <input type="checkbox"/>	AIIMS <input type="checkbox"/>	RML <input type="checkbox"/>	PGI <input type="checkbox"/>	Others <input type="checkbox"/>	
86	NABL accreditation of the lab	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
87	Availability of Standard Operating Procedure (SOP)	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
PATIENT SAFETY & IPC							
88	Universal precaution by LT/HCW	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
89	Hand Hygiene	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
90	Use of disposable lancets	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
91	Patient consent for past infection	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
92	Vaccination status of healthcare worker	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
BIOMEDICAL WASTE MANAGEMENT							
93	Availability of color-coded bins at the point of waste generation	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
94	Availability of puncture-proof and leak-proof box containers with blue markings to dispose of the broken glass	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
95	Liquid waste disinfection before disposal	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
96	Availability of Effluent Treatment Plant (ETP) in the Lab	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
97	Availability of BMW management SOP	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
PATIENT FEEDBACK							
98	No. of patients interviewed	Specify number:					
99	Availability of Lab reports	Mobile <input type="checkbox"/>		Manual <input type="checkbox"/>			
100	Time taken to receive the report	Specify time:					
101	Assessment of quality of service						